

Federal Tax ID  
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**APPLICATION  
FOR RADIOACTIVE  
MATERIAL LICENSE**  
DRC 11 (Rev. 1/1/06)

**Department of Environmental  
Emergency & Radiological Services Division  
P.O. Box 4312  
Baton Rouge, Louisiana 70821-4312  
Phone: (225) 219-3041 Fax: (225) 219-3154**

**OFFICE USE ONLY**

License #	
AI #	
Amendment #	
Date Issued	
Date Received	

<b>1. NAME OF APPLICANT</b>		<b>2.</b> <input type="checkbox"/> New License Application <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment Request  LICENSE NUMBER:	
MAILING ADDRESS		<b>3. DEPARTMENT, LOCATION OR ADDRESSES AT WHICH USED AND/OR STORED</b> <input type="checkbox"/> Check if same as Item 1 <b>only</b>	
AREA CODE	TELEPHONE NO.	<input type="checkbox"/> Temporary Job Sites in LA <input type="checkbox"/> Offshore <input type="checkbox"/> Out of State (List States)	
AREA CODE	FAX NO.	EMAIL:	
<b>4. RADIATION PROGRAM PERSONNEL</b>		<b>TITLE OR FUNCTION</b>	<b>RESUME</b>
PERSON RESPONSIBLE FOR RADIATION PROTECTION (RSO)			ATTACHMENT PAGE OR ITEM
INDIVIDUAL(S) OR COMMITTEE RESPONSIBLE FOR USE		<input type="checkbox"/> Committee Chairman	
COMMITTEE TITLE		NO. OF ADDITIONAL COMMITTEE MEMBERS OR INDIVIDUALS	
<b>5. PERSONNEL MONITORING</b>		<b>NOT APP.</b>	<b>ATTACHMENT</b>
<b>a.</b> Personnel Dosimetry	Name of Supplier: Exchange Period: Where Worn:	RADIATION DETECTED <input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Gamma <input type="checkbox"/> Neutron <input type="checkbox"/> X-Ray <input type="checkbox"/> Radon	
<b>b.</b> Pocket Chamber or Dosimeter	Manufacturer: Model: Max. Range: <input type="checkbox"/> Direct Reading	RADIATION DETECTED <input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Gamma <input type="checkbox"/> Neutron <input type="checkbox"/> X-Ray <input type="checkbox"/> Radon	
<b>c.</b> Bio-Assay	Laboratory: Type of Sample: Frequency of Samples: Radiation or Radioactive Material Assayed		
<b>d.</b> Other	Describe		
<b>6. AREA MONITORING</b>			
<b>a.</b> Contamination Surveys: Routine Frequency--			
<b>b.</b> Radiation Area Surveys: Routine Frequency--			
Environmental Surveys: <input type="checkbox"/> Air <input type="checkbox"/> Water Where-- Freq.			
<b>7. LEAK TESTS</b>			
Company: <input type="checkbox"/> Evaluated by Applicant (Attach Procedure)			
Kit Model No.: Frequency:			
<b>8. WASTE DISPOSAL</b>			
Company:			
Maximum Total Activity: Maximum Storage period:			
<input type="checkbox"/> Incineration <input type="checkbox"/> Storage <input type="checkbox"/> Burial <input type="checkbox"/> Sewer System <input type="checkbox"/> Ship to Licensed Recipient			
<b>9. ATTACHMENTS</b>			
<b>a.</b> Health Physics Program			
<b>b.</b> Physical Facilities			

10. HEALTH PHYSICS INSTRUMENTATION						NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
MANUFACTURER	MODEL	QUANTITY	RADIATION DETECTED	DOSE OR COUNT RANGE	ENERGY RANGE	TYPE, USE, OR PURPOSE	CALIBRATION	
							COMPANY OR PROCEDURE	FREQUENCY
11. GENERAL INSTRUMENTATION						NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
MANUFACTURER	MODEL	QUANTITY	RADIATION DETECTED	TYPE, USE, OR PURPOSE				
12. MEDICAL SUPPLEMENTS							NOT APPLICABLE	ATTACHMENT
a. INSTRUCTIONS FOR CARE OF PATIENTS CONTAINING RADIOACTIVE MATERIALS								
b. HOSPITALS WHERE RADIOACTIVE MATERIALS ARE USED ( INDIVIDUALS ATTACH APPROVAL)								
c. HOSPITALS WHICH ADMIT MY PATIENTS CONTAINING RADIOACTIVE MATERIALS (ATTACH APPROVAL)								
d. PRECEPTOR STATEMENTS								
13. INDUSTRIAL RADIOGRAPHY SUPPLEMENTS								
a. Training Program for Industrial Radiography Personnel; Periodic Retraining								
b. Internal Management Review Procedures and Controls								
c. Organizational Structure								
d. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other								
e. Applicant is Controlled Directly or Indirectly by the Following Corporation or Legal Entity (Name & Address)								
f. Applicant is Incorporated Under the Laws of:								
g. OFFICERS, PARTNERS OR STOCKHOLDERS		ADDRESS		NUMBER OF SHARES OR PERCENTAGE IF OVER 10%				
14. ADDENDUM TO PERMIT APPLICATIONS PER LAC 33:1.1701								
15. ENTER NAME & COMPANY AFFILIATION OF ANYONE OTHER THAN AN EMPLOYEE OF THE APPLICANT GIVEN IN ITEM 1 WHO ASSISTED IN THE PREPARATION OF THE APPLICATION						Name:		
						Company:		
The applicant and any official executing this certificate on behalf of the applicant named in Item 1 certify that this application is prepared in conformity with the Louisiana Radiation Regulations and that all information confirmed herein, including any supplements attached thereto, is true and correct to the best of our knowledge or belief.								
DATE		APPLICANT		SIGNATURE			TITLE	

All applications must be signed and dated.
Submit the original to Louisiana Department of Environmental Quality, Registrations and Certifications Section-Radiation.